

overlooked and sometimes not reported because the observer has found such a case only a puzzle. Tuerk, who reported three of the cases, offered two explanations of them which are probably sufficient to account for two principal classes of such cases. One explanation is, that one or more of the muscles are attached to the eyeball too far back, so that instead of rotating the eyeball they tended to retract it. Knapp, doing a tenotomy in his case, found something of the kind; and discussing Maclehorse's case, shown before the British Ophthalmological Society, Holmes Spicer reported a similar condition of the muscles. The other explanation supposes that one of the muscles is replaced by unyielding tissue which will not permit the normal rotation of the globe, so that the opposing muscles come to pull the eye backward. Alling, making an exploratory incision over the external rectus in his case, found nothing but tendinous tissue, which gave a special sense of resistance on attempting to rotate the eye inward. We believe with Wolff that surgical interference will benefit some of these cases. In fact, both Alling and Knapp report a satisfactory cosmetic result, although the movements of the eyes in certain directions remained extremely limited.—Ed.]

Hysterical Amblyopia.—H. PARINAUD (Paris) classes under this general head the ocular manifestations of hysteria other than disturbances of the motor apparatus. He includes thus concentric contraction of the visual field, which may be of any degree, and may be variable and constant, and may affect either the form or color-field, or both. The inversion of the order blue, red, green of the boundaries of the color-fields, he considers a symptom of some importance. In rare cases he has observed central scotoma. Monocular polyopia is commonly accompanied by amblyopia, and in most cases by spasm of accommodation. He ascribes it to an actual multiplication of the retinal images, due to the lack of correspondence in the refraction of the different segments of the crystalline lens.

Hysterical amaurosis is marked by preservation of the pupillary reflex. Although the blindness may be complete when one eye is used alone, it can be conclusively demonstrated that the patient has binocular vision when attempting to see with both eyes open. The amblyopia is very closely related to other forms of hysterical anæsthesia. Hysterical amblyopia is usually bilateral, but may be strictly monocular. Hysterical hemianopsia is never permanent, but rather has the character of ophthalmic migraine or scintillating scotoma.—*Annales d'Oculistique*, July, 1900.

Filling of Collapsed Eyeballs with Salt Solution.—G. E. DE SCHWEINTZ (Philadelphia) reports a case in which, the lens and a large part of the vitreous having been expelled by the patient suddenly squeezing the lids, the collapsed eyeball was filled with warm sterile physiological salt solution. This caused perfect coaptation of the wound, and was followed by normal healing and a good visual result.

De Schweintz agrees with Knapp that the chief value of this procedure lies in its preventing the sucking in of infectious material from the conjunctival sac, and also in preventing detachment of the retina.—*Ophthalmic Record*, August, 1900.

6. The finding of particles of vernix and meconium in the tympanum would suggest intra-uterine respiration, and therefore it may have some medico-legal value. A concluding assertion of Aschoff is that there is no such thing as a "true bacterial otitis media neonatorum."

Chronic Suppurations of the Middle Ear.—E. LEUTERT (*Archiv. f. Ohrenh.*, July, September, 1899) maintains that the investigations of Levy and Schrader, Gradenigo and Pes, Kanthack, Maggiora, Martha and Stern, show three distinct differences between the bacteriological conditions in chronic suppuration of the middle ear and those of acute suppuration of the same cavity, viz.: First, the very frequent occurrence of septic bacteria in the former, and the very rare occurrence of these bodies in genuine acute otitis media; second, the very frequent and, according to some observers, constant occurrence of staphylococci in chronic purulent otitis media; and third, the absence of pneumococci in the latter disease. Stern claims to have found in one case of chronic purulent otitis media the bacterium coli. But Leutert seems to doubt the reliability of the culture in this instance.

Leutert has found in 2 cases of periauricular abscess, without demonstrable affection of the mastoid, the streptococcus pure, and the staphylococcus albus pure in one case.

In 5 mastoid empyemata occurring after chronic suppuration of the middle ear the staphylococcus albus was found pure in one case, with the bacilli of pseudodiphtheria in one case, with bacilli of uncertain nature in two cases, and with streptococci in one case.

In 2 cases of epidural abscess occurring in connection with chronic suppuration in the ear, the staphylococcus albus and a bacillus were found in one case, and the staphylococcus albus in company with a bacillus and streptococci in one case.

In 4 cases of sinus thrombosis with acute empyema of the mastoid, the streptococcus, pure, was found in 3 cases, and with the staphylococcus pyogenes aureus, with a bacillus, in 1 case.

In two cases of mastoid empyema after chronic suppuration of the ear, with sinus thrombosis, the staphylococcus albus, with the bacterium coli commune, was found in one case, and once in company with a bacillus.

In seven cases of brain abscess of otitic origin, the streptococcus pure was found in one case; with a bacillus, in one case; with a bacillus and the staphylococcus albus, in one case; with the staphylococcus albus and proteus vulgaris, in one case; in one case of brain abscess a bacillus apparently pure by culture, and later in this case staphylococci were found by the microscope; in one case the bacterium coli were found pure; and in one case the proteus vulgaris pure.

So far as concerns prompter cessation of middle-ear suppuration, less destruction discovered by operation, lower temperatures and shorter after-treatment, Leutert agrees with Netter and Zaufal that the pneumococcus is the most benignant of all the excitants of middle-ear suppuration. Leutert claims to have shown in eight cases out of ten of epidural otitic abscess that the pneumococcus was the causative organism. He agrees with Vetter that otitic sinus thrombosis is caused almost exclusively by streptococci. Scarlatinous otitis seems to be also entirely produced by streptococci. Leutert